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PTO/SB/50 (4/98)

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A/RE

REISSUE PATENT APPLICATION TRANSMITTAL

JCE88 U.S. PTO
00/09/00

03/06/00

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	47382.000016
First Named Inventor	Peterson
Original Patent Number	5,726,450
Original Patent Issue Date (Month/Day/Year)	3/10/98
Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS

- * Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- Specification and Claims (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
 Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/53 or PTO/SB/54)
or
 Ribboned Original Patent Grant
 Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?
 Yes No

(If Yes, check applicable box(es))

- Written Consent of all Assignees (PTO/SB/53 or 54)
 37 C.F.R. § 3.73(b) Statement Power of Attorney

ACCOMPANYING APPLICATION PARTS

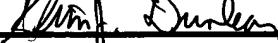
- Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- English Translation of Reissue Oath/Declaration
(if applicable)
- Small Entity Statement(s) Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other: unsigned Reissue Declaration

* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

14. CORRESPONDENCE ADDRESS

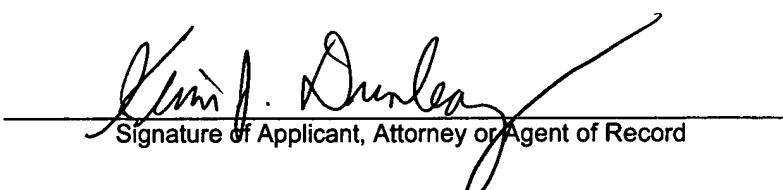
Customer Number or Bar Code Label Correspondence address below
(Insert Customer No. or Attach bar code label here)

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Signature			Date 3/9/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM				Docket Number (Optional) 4 7382.000016			
Claims as Filed - Part 1							
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 21	**** 0 = x \$ ____ =			or x \$ 18 =	0
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 3	* 0 = x \$ ____ =			x \$ 78 =	0
				Basic Fee (37 CFR 1.16(h)) \$ ____		\$ 690.00	
				Total Filing Fee \$ ____		OR \$ 690.00	
Claims as Amended - Part 2							
(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 41	MINUS ** 21	* = 20	x \$ ____ =		x \$ 18 =	360.00
Independent Claims (37 CFR 1.16(i))	*** 7	MINUS ***** 3	= 4	x \$ ____ =		x \$ 78 =	312.00
				Total Additional Fee \$ ____		OR \$ 672.00	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.							
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.							
*** After any cancelation of claims							
**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).							
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).							
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p>							
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-0206. A duplicate copy of this sheet is enclosed.</p>							
<p><input checked="" type="checkbox"/> A check in the amount of \$ 1362.00 to cover the filing / additional fee is enclosed.</p>							
3/9/00		 Signature of Applicant, Attorney or Agent of Record					
Date		Kevin J. Dunleavy Typed or printed name					
		32,024					